

REQUIREMENTS & INSTRUCTIONS FOR PRE-NEED FUNERAL AUTHORITY

Access this form via website at: www.hawaii.gov/dcca/pvl

1. Complete and sign application. Failure to provide the requested information will delay the process of the application.

2. **Submit** the following documents:

- (a) If the application is for a corporation, partnership, LLC or LLP, we will require the following proof to show that the entity is properly registered with the Business Registration Division (BREG), Department of Commerce and Consumer Affairs, State of Hawaii, P.O. Box 40, Honolulu, Hawaii 96810. *(Please call them for the proper forms at (808) 586-2727 or visit their website at: www.businessregistrations.com/home.html to order Certificates of Good Standing, forms, etc.)*

If the entity has been registered in this State for LESS THAN ONE (1) YEAR, **ATTACH** a "**filed-stamped**" copy of the document filed with BREG; or the same certificate mentioned below.

If the entity has been registered in this state for MORE THAN ONE (1) YEAR, **ATTACH** a "**Certificate of Good Standing**" or "**Certificate of Qualification**".

- (b) If applicant will be using a trade name, **attach** a **current** "filed-stamp" copy of the "Application for Registration of Trade Name" approved by the Business Registration Division. You may contact them at (808) 586-2727.
- (c) Current **financial statements** (not more than 1 year old) consisting of a balance sheet, income statement and statement of changes in stockholders equity, prepared and signed by a licensed certified public accountant or public accountant. The financial statements may be compiled, reviewed or audited and may be prepared on a cash or accrual basis. If CPA is licensed out-of-state, provide copy of license.
- (d) A current **credit report** covering not less than the previous five years on the individual applicant; each partner of a partnership; each officer of a corporate entity; or each member or manager of an LLC or LLP (from a credit reporting agency issued not more than 6 months ago.)
- (e) A current **Hawaii State Tax Clearance** (not more than 6 months old) with an original Department of Taxation stamp.
- (f) Executed copy of the **declaration of the trust** between applicant and the designated trustee of the trust fund for each trust fund.
- (g) A copy of the **sales contract form** to be used in the selling of pre-need services.

3. **Submit** a bond in the amount of \$50,000 (bond form attached). In addition, for each trust fund that is administered by a board of trustees, submit a bond in the amount of \$100,000 and an affidavit by the chairperson of the board of trustees attesting that no member of the board is affiliated with the applicant who is seeking licensure.

4. **Attach** the appropriate fee (make check payable to COMMERCE & CONSUMER AFFAIRS):

If filing in an even-numbered year, pay \$610
(Application* - \$100 + License-\$200 + compliance resolution fund-\$110 + one-half of the biennial renewal - \$200)

If filing in an odd-numbered year, pay \$355**
(Application* - \$100 + License-\$200 + compliance resolution fund-\$55)

*Application fee is not refundable.

**Subject to renewal on or before December 31 of each odd-numbered year, regardless of issuance date.

NOTE: One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$15.00 service fee will be charged for checks which are returned by the bank.

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

5. Mail all required items to:
Cemetery and Funeral Trust Program
DCCA, PVL, Licensing Branch
P.O. Box 3469
Honolulu, Hawaii 96801
- OR
- Deliver to office location at:
335 Merchant Street, Room 301
Honolulu, Hawaii 96813
Phone: (808) 586-3000
6. To obtain a copy of the laws, Chapter 441, Hawaii Revised Statutes and Rules, Chapter 75, Hawaii Administrative Rules relating to Cemetery and Funeral Trusts, send a written request to: *Cemetery and Funeral Trust Program, Commerce and Consumer Affairs, P.O. Box 3469, Honolulu, Hawaii 96801*. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with Chapters 441 and 75.

The laws and rules are also posted on our website at: www.hawaii.gov/dcca/pvl. Look under "Cemetery and Pre-Need Funeral Authority".

Renewal of License

- (a) Pay appropriate fee.
- (b) Continuation of bond. (Bond is continuous unless cancelled.)
- (c) Renew on or before December 31 of every odd number year.
- (d) Submit a trust fund report.

Restoration of Forfeited License

- (a) Submit written application for restoration accompanied by restoration fees. (Renewal fee plus 10% penalty). Forfeiture results from failure to renew license on time.
- (b) License may be restored within one year only.

Abandonment of Application

Your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years; provided that the failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit the required documents and other information requested by the licensing authority within two consecutive years from the last date the documents or other information were requested, or (2) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process, including attempting to complete the examination requirement.

APPLICATION FOR PRE-NEED FUNERAL AUTHORITY LICENSE

Access this form via our website at: www.hawaii.gov/dcca/pvl

Please read the attached Instructions.

Name of Applicant (Individual – First, Middle, LAST or Name of Corporation, Partnership, LLC/LLP)

Trade Name (if one will be used)

Mailing Address

Business Address

FOR OFFICE USE

Approved/Denied:

Date:

Eff. Date:

License No.:
PNF -

Person Responsible for Daily Operations:

Phone:

Fax:

Indicate the type of Business Entity:

- ☐ Individual (Sole Owner) ☐ Association
☐ Corporation ☐ Subsidiary of a Corporation
☐ Partnership ☐ LLP
☐ LLC

Applicant is a ☐ Profit ☐ Nonprofit Organization

CORPORATION, PARTNERSHIP, LLC, LLP

List Name & Title	Residence Address	Residence Phone No.	Social Security No.
President/Partner/Manager or Member			
Vice President/Partner/Manager or Member			
Secretary/Partner/Manager or Member			
Treasurer/Partner/Manager or Member			

Circle or underline answers and give details if required:

- Was this Pre-need Funeral Plan in operation before July 14, 1969? YES NO
- Does the applicant have perpetual existence? YES NO
- Trust Fund
 - Name of Pre-Need Trust: _____
 - How is it administered? (check one) ☐ Board of Trustees ☐ Trust Company
 - For a pre-need trust that is administered by a **board of trustees**, submit the name, address, principal place of employment, and office held on the board for each member on a separate sheet of paper.

(Continued on Back)

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

CEM-01 1104R

Appl.....	085.....	\$100
Lic	086.....	\$200
CRF	087.....	\$ 55/\$110
½ Ren	080.....	\$200
Service Fee.....	BCF	\$15

Are the majority of board members residents of the State? [] Yes [] No

Are any board members affiliated with the authority that appointed the board? [] Yes [] No

Name and address of the Custodian of Trust Funds _____

d) For a pre-need trust that is administered by a **trust company**:

Name of trust company: _____

Name of trust officer: _____

AFFIDAVIT

I certify that the answers and statements in this application and the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license (Section 710-1017, Hawaii Revised Statutes).

Date

By _____
(Authorized Officer or Agent)

Title _____

STATE OF HAWAII
CEMETERIES AND FUNERAL TRUSTS
Department of Commerce & Consumer Affairs
P. O. Box 3469, Honolulu, Hawaii 96801
Access this form via website at: www.hawaii.gov/dcca/pvl

BOND

PRE-NEED FUNERAL AUTHORITY

Bond No. _____

KNOW ALL MEN BY THESE PRESENTS:

THAT WE, _____,
(Name of Applicant)

of _____,
(Address of Applicant)

State of Hawaii, as Principal, and _____ registered and authorized
(Name of Surety)

to do business in the State of Hawaii, as Surety, are held and firmly bound unto the State of Hawaii, as Obligee, in

the penal sum of \$_____ lawful money of the United States of America, for the payment of which to the Obligee, well and truly to be made, we do hereby bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITIONS OF THIS OBLIGATION ARE AS FOLLOWS:

That, whereas, the above Principal is to be issued a license under the provisions of Chapter 441, Hawaii Revised Statutes, to act as a Pre-need Funeral Authority as defined therein in the State of Hawaii;

NOW, THEREFORE, if the Principal, in the event license is issued to him, will faithfully, promptly, and truly account and pay over to all persons to or for whom he may sell, or otherwise deal in pre-need funeral services all sums of money that may properly be due them, then this obligation shall be void; otherwise, this obligation shall be and remain in full force and effect.

AND, as provided in Section 441-22, Hawaii Revised Statutes, every person sustaining any damage resulting from a failure on the part of the Principal to faithfully, promptly and truly account and pay over to him all sums that may properly be due him by reason of the Principal's selling or otherwise dealing with such person's pre-need funeral services shall have a right of action to recover on this bond, but the aggregate liability of the Surety to all such persons shall in no event exceed the amount of this bond.

AND, the Surety, herein named, may cancel or terminate this bond by delivering notice to the Director of Commerce and Consumer Affairs of the State of Hawaii sixty (60) days prior to the date of termination or cancellation.

IN WITNESS WHEREOF, we the said Principal and the said Surety, have hereunto set our hands and seals this _____ day of _____ A.D. 20_____.

INSTRUCTIONS FOR FILING:

1. Complete **all** sections of form as required.
2. **Both** applicant **and** surety must complete and **notarize** page 2.
3. Failure to submit a completed form will delay processing of your license.
4. Attach Power of Attorney if applicable.

PRINCIPAL

SURETY

By _____

ACKNOWLEDGEMENT
(PARTNERSHIP OR INDIVIDUAL)

STATE OF HAWAII

City and County of _____

}

ss.

On this _____ day of _____, 20 _____, before me personally came _____, to me known, and known to me to be the person(s) whose name(s) are subscribed to the above instrument, and acknowledged to me that __ executed same.

NOTARIAL
SEAL

Notary Public, State of _____
My Commission expires _____

ACKNOWLEDGEMENT
(ENTITY)

STATE OF HAWAII

City and County of _____

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ss.

On this _____ day of _____, 20 _____, before me personally came _____, to me known, who, being duly sworn, did depose and say: That he resides in _____; that he is _____ of the entity described in and which executed the above instrument, and acknowledged to me that _____ executed same.

NOTARIAL
SEAL

Notary Public, State of _____
My Commission expires _____

ACKNOWLEDGEMENT
(SURETY)

STATE OF HAWAII

City and County of _____

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ss.

On this _____ day of _____, 20 _____, before me personally came _____, known to me to be attorney-in-fact for _____, and known to me to be the person whose name is subscribed to the above instrument, and acknowledged to me that _____ executed same.

NOTARIAL
SEAL

Notary Public, State of _____
My Commission expires _____